| | | | | | | | | pplication or Docket Number | | | |
|---|--|---|------------------|-------------------------------|----------------------|------------------|--|---|-------------------------------|------------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 | | | | | | | | | | | 7 |
| (Column 1) (Column 2) | | | | | | | SMALL TYPE | (τ ιτγ | OTHER THAN OR SMALL ENTITY | | |
| TOTAL CLAIMS | | | 13 | | | | RATE. | FEE |] [| RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBE | R EXTRA | BASIC | 3 75.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | | | /3 minus 20= | | * | 0 | X\$ { = | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | / minus 3 = | | * | | X.0.2 = | | OR | X84= | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | +110 | · | OR | +280= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | · P 120 | OR | TOTAL - | 2012 |
| CLAIMS AS AMENDED - PART II | | | | | | | | · · | 10 | OTHER | THAN |
| | | (Column_1) | | (Column 2) (Column 3 | | | Small | NTITY | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | 20 | ADDI- ONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | A Common and the Comm | | OR | X\$18= | |
| | Independent | * | Minus *** | | | = | X42 | | OR | X84= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | OR | +280= | |
| | | | | | | | w. | ************************************** | اجرا | TOTAL | |
| | | (Column 1) | | (Colur | mn 2) | (Column 3) | ALDILLE | · * * ******************************** |] | ADDIT. FEE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | IEST BER DUSLY | PRESENT EXTRA | | ODI- ONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | *************************************** | OR | X\$18= | |
| | Independent | * | Minus | *** | | <u> </u> | | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | · · · · · · · · · · · · · · · · · · · | pro duce life | OR | +280= | |
| | | | | | | | ADDIG. | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colu | | (Column 2 | | | _ | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | DDI- ONAL EE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | | OR | X\$18= | 1.33 |
| | Independent | * | Minus | *** | | = | - | | 1 | X84= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | - | · | OR | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 AL ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" | | | | | | | | | OR OR | +280= TOTAL ADDIT. FEE | |
| | The "Highest Nur | nber Previously Pa | id For" (Total o | r Independ | lent) is the | highest nu | rfo:in | | | lumn 1. | |
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